



3933719

COMPLETE MICROBIOME MAPPING

General Macroscopic Description

	Result	Markers
Stool Colour	Brown	Colour - Brown is the colour of normal stool. Other colours may indicate abnormal gut health.
Stool Form	Formed	Form - Sample form is categorised using the Bristol stool chart. A comment on stool appearance can be found in the comments section.
Mucous	Not Detected	Mucous - Mucous production may indicate the presence of an infection and/or inflammation.
Occult Blood	Negative	Blood (Macro) - The presence of blood in the stool may be the result of several causes besides colorectal bleeding, including hemorrhoids or gastrointestinal infection.

Short Chain Fatty Acids	Result	Range	Units	
Short Chain Fatty Acids, Beneficial	18.0	> 13.6	umol/g	
Butyrate	16.5	10.8 - 33.5	%	
Acetate	59.0	44.5 - 72.4	%	
Propionate	21.0	0.0 - 32.0	%	
Valerate	3.4	0.5 - 7.0	%	

GIT Functional Markers	Result	Range	Units	
Calprotectin.	<5.0	0.0 - 50.0	ug/g	
Pancreatic Elastase	629.0	> 200.0	ug/g	
Secretory (slgA)	399.0 *L	510.0 - 2040.0	ng/mL	
Zonulin	32.6	0.0 - 107.0	ng/mL	
Beta glucuronidase	488.0	368.0 - 6266.0	U/g	
Steatocrit	32.0 *H	0.0 - 15.0	%	
a-Transglutaminase IgA	<20	0.0 - 100.0	units/L	

Microbiome Mapping Summary

Parasites & Worms

Blastocystis hominis.
Dientamoeba fragilis.

Bacteria & Viruses

Fusobacterium species

Fungi and Yeasts

Key Phyla Microbiota

Firmicutes:Bacteroidetes Ratio

0.65 < 1.00

RATIO



Relative Commensal Abundance of the 6 Phyla groups can be found on page 4 of this report





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Parasites and Worms.

Parasitic Organisms

Result	Range	Units	
Cryptosporidium species	<dl	< 1.0	x10 ⁵ org/g
Entamoeba histolytica.	<dl	< 1.0	x10 ⁵ org/g
Giardia intestinalis	<dl	< 1.0	x10 ⁵ org/g
Blastocystis hominis.	603.2 *H	< 1.0	x10 ⁵ org/g
Dientamoeba fragilis.	636.4 *H	< 1.0	x10 ⁵ org/g
Endolimax nana	<dl	< 1.0	x10 ⁵ org/g
Entamoeba coli.	<dl	< 5.0	x10 ⁵ org/g
Pentatrichomonas hominis	<dl	< 1.0	x10 ⁵ org/g

Worms

Ancylostoma duodenale, Roundworm	Not Detected		
Ascaris lumbricoides, Roundworm	Not Detected	Necator americanus, Hookworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected	Enterobius vermicularis, Pinworm	Not Detected
Enterocytozoon spp	Not Detected	Hymenolepis spp, Tapeworm	Not Detected
Strongyloides spp, Roundworm	Not Detected	Taenia species, Tapeworm	Not Detected

Comment: Not Detected results indicate the absence of detectable DNA in the sample for the worms reported.

NOTE: Reflex testing is performed on clinically indicated samples

Opportunistic Bacteria/Overgrowth

Result	Range	Units	
Bacillus species.	<dl	< 1.00	x10 ⁴ CFU/g
Enterococcus faecalis	<dl	< 1.00	x10 ⁵ CFU/g
Enterococcus faecium	<dl	< 1.00	x10 ⁵ CFU/g
Morganella species	<dl	< 1.00	x10 ⁵ CFU/g
Pseudomonas species	0.52	< 1.00	x10 ⁴ CFU/g
Pseudomonas aeruginosa.	<dl	< 3.00	x10 ⁴ CFU/g
Staphylococcus species	<dl	< 1.00	x10 ³ CFU/g
Staphylococcus aureus	<dl	< 5.00	x10 ³ CFU/g
Streptococcus species	1.31	< 3.00	x10 ⁶ CFU/g
Methanobrevibacter smithii	<dl	< 3.50	x10 ⁵ CFU/g
Desulfovibrio piger	<dl	< 18.00	x10 ⁷ CFU/g
Enterobacter cloacae complex.	<dl	< 5.00	x10 ⁵ CFU/g

Potential Autoimmune Triggers

Citrobacter species.	<dl	< 5.00	x10 ⁴ CFU/g
Citrobacter freundii.	<dl	< 5.00	x10 ⁴ CFU/g
Klebsiella species	<dl	< 5.00	x10 ³ CFU/g
Klebsiella pneumoniae.	<dl	< 5.00	x10 ⁵ CFU/g
Prevotella copri	<dl	< 1.00	x10 ⁹ CFU/g
Proteus species	<dl	< 5.00	x10 ⁵ CFU/g
Proteus mirabilis.	<dl	< 1.00	x10 ⁴ CFU/g
Fusobacterium species	11.30 *H	< 10.00	x10 ⁴ CFU/g

Fungi & Yeast

Result	Range	Units	
Candida species.	1.77	< 5.00	x10 ⁵ CFU/g
Candida albicans.	<dl	< 5.00	x10 ⁴ CFU/g
Geotrichum species.	0.17	< 3.00	x10 ² CFU/g
Saccharomyces cerevisiae.	<dl	< 3.00	x10 ³ CFU/g
Rhodotorula species.	<dl	< 1.00	x10 ³ CFU/g



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Bacterial Pathogens	Result	Range	Units	
Aeromonas hydrophila.	<dl	< 1.00	x10 ³ CFU/g	
Campylobacter species.	<dl	< 1.00	x10 ⁵ CFU/g	
C. difficile, Toxin A	<dl	< 1.00	x10 ⁴ CFU/g	
C. difficile, Toxin B	<dl	< 1.00	x10 ⁴ CFU/g	
Enterohemorrhagic E. coli	<dl	< 1.00	x10 ⁵ CFU/g	
Enteroinvasive E. coli/Shigella	<dl	< 1.00	x10 ³ CFU/g	
Enterotoxigenic E. coli LT/ST	<dl	< 1.00	x10 ⁵ CFU/g	
Shiga-like Toxin E. coli stx1	<dl	< 1.00	x10 ⁴ CFU/g	
Shiga-like Toxin E. coli stx2	<dl	< 1.00	x10 ⁴ CFU/g	
Salmonella species.	<dl	< 1.00	x10 ⁵ CFU/g	
Vibrio species.	<dl	< 1.00	x10 ⁴ CFU/g	
Yersinia species.	<dl	< 1.00	x10 ⁵ CFU/g	
Helicobacter pylori	<dl	< 1.0	x10 ³ CFU/g	

Comment: Helico Pylori virulence factors will be listed below if detected POSITIVE

H.pylori Virulence Factor, babA	Not Detected	H.pylori Virulence Factor, cagA	Not Detected
H.pylori Virulence Factor, dupA	Not Detected	H.pylori Virulence Factor, iceA	Not Detected
H.pylori Virulence Factor, oipA	Not Detected	H.pylori Virulence Factor, vacA	Not Detected
H.pylori Virulence Factor, virB	Not Detected	H.pylori Virulence Factor, virD	Not Detected

Viral Pathogens	Result	Range	Units
Adenovirus 40/41	Not Detected		
Norovirus GI/II	Not Detected		
Rotavirus A	Not Detected		
Sapovirus (I,II,IV,V)	Not Detected		
Astrovirus (hAstro)	Not Detected		

Normal Bacterial GUT Flora	Result	Range	Units	
Bacteroides fragilis	5.8	1.6 - 250.0	x10 ⁵ CFU/g	
Bifidobacterium species	4.0 *L	> 6.7	x10 ⁵ CFU/g	
Bifidobacterium longum	3.3 *L	> 5.2	x10 ⁵ CFU/g	
Enterococcus species	4.0	1.9 - 2000.0	x10 ³ CFU/g	
Escherichia species	3094.7	3.7 - 3800.0	x10 ⁴ CFU/g	
Lactobacillus species	4.0 *L	8.6 - 6200.0	x10 ³ CFU/g	
Lactobacillus rhamnosus	3.3 *L	8.3 - 885.0	x10 ³ CFU/g	
Clostridium species	29.9	5.0 - 50.0	x10 ⁷ CFU/g	
Oxalobacter formigenes	25.98	> 5.00	x10 ⁶ CFU/g	
Akkermansia muciniphila	<dl *L	1.00 - 50.00	x10 ⁷ CFU/g	
Faecalibacterium prausnitzii	200.4	200.0 - 3500.0	x10 ⁶ CFU/g	

Methodology:

GIT Functional markers performed by GCMS,EIA,FEIA.

Bacteriology,Virology,Fungi,Parasites & Worms performed by PCR,qPCR.







<dl = result below detectable limit. *H = Result greater than the reference range. *L = Result less than the reference range



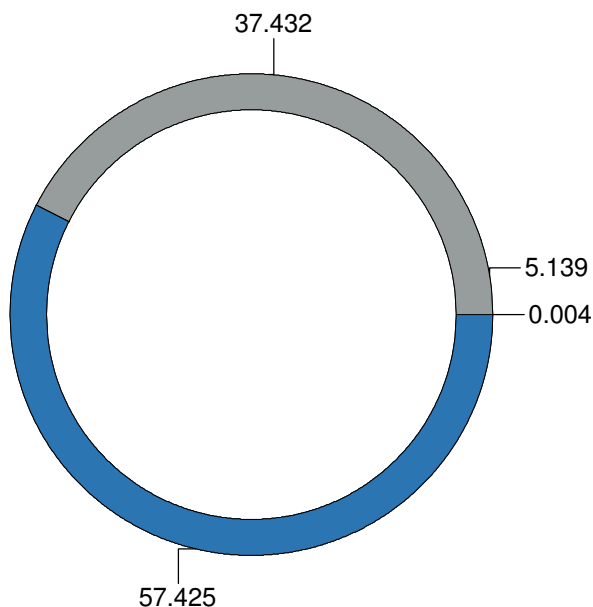
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Introduction:

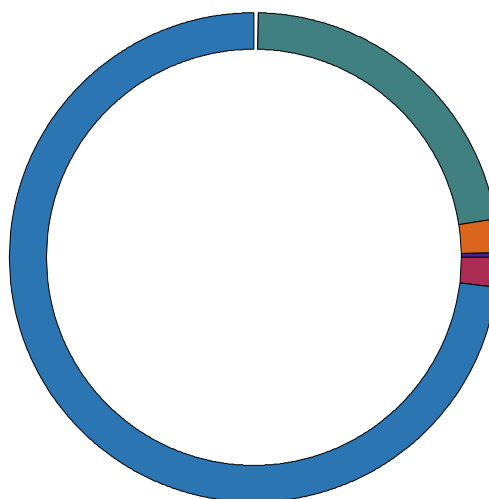
Your gut microbiome is a collective name for the 40 trillion cells and up to 1000 microbial species that include bacteria, viruses, fungi, parasites, and archaea and reside in our gut. The number of gut bacterial cells is approximately equal to the total number of human cells in our body, so if we consider only cell counts, we are only about half human. In terms of gene counts, the microbiome contains about 200 times more genes than the human genome, making bacterial genes responsible for over 99% of our body's gene content! Of all the microbial communities in the human body, the gut microbiome is by far the most dense, diverse, and physiologically important ecosystem to our overall health.

Relative Commensal Abundance	Result	Range	Units
 Bacteroidetes Phylum	57.425	50.000 - 95.000	%
 Firmicutes Phylum	37.432	3.500 - 40.000	%
 Proteobacteria Phylum	5.139	0.500 - 12.500	%
 Actinobacteria Phylum	0.004	0.001 - 4.818	%
 Euryarchaeota Phylum	0.000	0.000 - 0.017	%
 Verrucomicrobia Phylum	0.000	0.000 - 2.400	%

Your Phyla:



Healthy Phyla:



References:

NOTE: Relative abundance reference ranges have been based on a healthy population study.

King CH, et., al. (2019) Baseline human gut microbiota profile in healthy people and standard reporting template. PLoS One. 2019 Sep 11;14(9):e0206484.



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Pathogen Summary:

Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

Faecal Occult Blood Negative:

Faecal occult blood has not been detected in this specimen. If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended.

Metabolism Comment

In a healthy gut Short Chain Fatty Acids (SCFAs) exhibited in the following proportions; Butyrate, Acetate, Propionate (16%:60%:24%).

The primary SCFAs butyrate, propionate and acetate are produced by predominant commensal bacteria via fermentation of soluble dietary fibre and intestinal mucus glycans.

Key producers of SCFAs include *Faecalibacterium prausnitzii*, *Akkermansia muciniphila*, *Bacteroides fragilis*, *Bifidobacterium*, *Clostridium* and *Lactobacillus* Spp.

The SCFAs provide energy for intestinal cells and regulate the actions of specialised mucosal cells that produce anti-inflammatory and antimicrobial factors, mucins that constitute the mucus barriers, and gut active peptides that facilitate appetite regulation and euglycemia. Abnormal SCFAs may be associated with dysbiosis, intestinal barrier dysfunction and inflammatory conditions.

SCFA PRODUCTION TABLE

BACTERIA	BUTYRATE	PROPIONATE	ACETATE
<i>Akkermansia muciniphila</i>		▲▲▲	▲▲
<i>Anaerostipes caccae</i>	▲▲▲		
<i>Bacteroides</i> spp.		▲▲▲	
<i>Bifidobacterium</i> spp.		▲	▲▲▲
<i>Blautia obeum</i>		▲▲	▲▲▲
<i>Coprococcus eutactus</i>	▲		
<i>Escherichia coli</i>			▲
<i>Eubacterium rectale</i>	▲▲		
<i>Faecalibacterium prausnitzii</i>	▲▲▲		
<i>Lactobacillus</i> spp.	▲	▲	▲
<i>Roseburia homini</i>	▲▲		
<i>Ruminococcus bromii</i>	▲		▲
<i>Subdoligranulum variabile</i>	▲		

KEY

▲ Low Producers

▲▲ Moderate Producers

▲▲▲ High Producers



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GIT Markers Comment

PANCREATIC ELASTASE: Normal exocrine pancreatic function.

Pancreatic Elastase reflects trypsin, chymotrypsin, amylase and lipase activity.

This test is not affected by supplements of pancreatic enzymes.

Healthy individuals should be producing >500 ug/g of PE-1 under normal/healthy conditions.

PE-1 levels between 200 - 500 ug/g may indicate suboptimal production.

PE-1 levels <200 ug/g indicate clear inadequate production.

The clinician should therefore consider digestive enzyme supplementation if one or more of the following conditions is present:

Loose watery stools, Undigested food in the stools, Post-prandial abdominal pain, Nausea or colicky abdominal pain, Gastroesophageal reflux symptoms, Bloating or food intolerance.

Testing performed by chemiluminescence immunoassay (CLIA).

CALPROTECTIN Normal:

Faecal calprotectin values <50 ug/g are not indicative of inflammation in the gastrointestinal tract. Subjects with low faecal calprotectin levels normally do not need to be further investigated by invasive procedures. In patients with strong clinical indications of intestinal inflammation, repeat testing may be useful.

Test performed by Phadia ELIA Fluorescence enzyme immunoassay (FEIA).

LOW SECRETORY IGA:

Secretory IgA represents the first line of defence of the gastrointestinal mucosa and is central to the normal function of the gastrointestinal tract as an immune barrier.

Secretory IgA binds to invading microorganisms and toxins and entrap them in the mucus layer or within the epithelial cells, so inhibiting microbial motility, agglutinating the organisms, and neutralising their exotoxins and then assist in their harmless elimination from the body in the faecal flow. sIgA also 'tags' food as acceptable, so low sIgA leads to increased sensitivity to foods. Several studies link stress and emotionality with levels of sIgA. Production is adversely affected by stress, which is mediated by cortisol levels.

Often low levels of Secretory IgA correlates with low beneficial flora levels and an increase in pathogenic and parasitic organism being present.

Treatment: Investigate the root cause and rule out parasitic organisms or pathogenic bacteria. Consider the use of probiotics (saccharomyces boulardii), choline, essential fatty acids, glutathione, glycine, glutamine, phosphatidylcholine, Vitamin C and Zinc which are all required for efficient production of Secretory IgA.

PLEASE NOTE: A low Secretory IgA should be reviewed in conjunction with the stool formation. An artefactually low level may be due to fluid dilution effects in a watery or unformed/loose stool sample.

ZONULIN NORMAL:

Zonulin is a protein that modulates intestinal barrier function. This results is considered normal.

beta-GLUCORONIDASE NORMAL:

B-Glucuronidase is considered normal and is within reference range.

ELEVATED STEATORRHEA:

The presence of steatorrhea is an indirect indicator of incomplete fat digestion. Consider high dietary fat intake, cholestasis, malabsorption and digestion (diarrhoea, pancreatic or bile salt insufficiency), intestinal dysbiosis, parasites, NSAIDs use, short bowel syndrome, whipple disease, crohn's disease, food allergies & sensitivities.

Treatment:

- o Prebiotic and probiotic supplementation
- o Supplement hydrochloride, digestive enzymes or other digestive aids
- o Investigate underlying causes
- o Investigate food sensitivities and allergies
- o Remove potential irritants
- o Review markers such as pancreatic elastase 1 and calprotectin

Parasites/Worms Comment

ELEVATED BLASTOCYSTIS HOMINIS LEVEL:

Blastocystis hominis may be the cause of persistent, mild diarrhoea. Although considered endemic, it may also be associated with recent overseas travel. Detection suggests the ingestion of contaminated material or contact with farm animals. Continued symptoms may require further testing for the detection of bacterial, viral and/or parasitic co-pathogens.

TREATMENT SUGGESTIONS:



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Mild symptoms are self-limiting.

If treatment is warranted, metronidazole 400 - 750mg (child 12-17mg/kg up to 750mg) three times daily for at least 10 days.

Lower dosages are usually associated with treatment failure.

Paromomycin has also shown to be effective as an alternative treatment option.

Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.

ELEVATED DIENTAMOEBA FRAGILIS LEVEL:

Dientamoeba fragilis appears to be extremely common and may have a cosmopolitan distribution, although there are large variations in prevalence. Dientamoeba fragilis has been linked to intestinal symptoms, especially in children. The most common symptoms associated with this organism are abdominal pain, intermittent diarrhoea, bloating and anorexia.

TREATMENT SUGGESTIONS:

Mild symptoms are self-limiting.

If treatment is warranted, metronidazole for 10 days or a single 2g dose of Tinidazole may be used. Tetracycline has also proven effective in adults.

Rule out allergy to above medication before prescribing/taking. Consult ID specialist if patient is showing severe symptoms or immunocompromised.

Opportunistic Bacteria Comment

METHANOBREVIBACTER SMITHII:

PHYLUM: Euryarchaeota

DESCRIPTION:

Methanobrevibacter smithii is a methane-producing microbe that plays an important role in the gut ecosystem by facilitating carbohydrate fermentation and production of short-chain fatty acids by commensal bacteria. Approximately 70% of the healthy cohort has below detectable levels of Methanobrevibacter smithii.

Potential Autoimmune Comments

FUSOBACTERIUM SPECIES ELEVATED:

PHYLUM: Fusobacteriota

DESCRIPTION:

Fusobacterium species are gram-negative bacteria and are common members of the human oral and faecal microbiome. It has been demonstrated to promote the release of intestinal inflammatory factors and disrupt the intestinal barrier function. As such F. nucleatum elevation may contribute to the etiology of some gastrointestinal disorders, such as appendicitis, colon cancer, and inflammatory bowel disease (IBD). It may also induce an increase in secretory IgA and a decrease in beneficial bacteria levels such as Lactobacillus. Review this level with faecal calprotectin.

TREATMENT SUGGESTIONS: If treatment is warranted, effective antibiotics may include metronidazole or erythromycin. The use of herbal antimicrobials (Tea polyphenols- green and black tea extracts and peppermint) and probiotic treatment may also be effective. Rule out allergy to above medication before prescribing/taking.



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Normal Bacterial Flora Comment

BIFIDOBACTERIUM SPECIES LOW:

PHYLUM: Actinobacteria

DESCRIPTION:

Bifidobacterium is a genus of gram-positive, nonmotile anaerobic bacteria that are ubiquitous inhabitants of the gastrointestinal tract and considered a probiotic. Bifidobacterium species prevent diarrhea and intestinal infections, alleviate constipation, and stimulate the immune system. Low levels may be associated with irritable bowel syndrome, asthma, autism, depressive disorder and with pathogenic bacterial infection.

TREATMENT SUGGESTIONS: Treatment may involve the use of Bifidobacterium containing probiotics and treatment of any intestinal infection.

BIFIDOBACTERIUM LONGUM LOW:

PHYLUM: Actinobacteria

DESCRIPTION:

Bifidobacterium longum is a Gram-positive, catalase-negative, rod-shaped bacterium present in the human gastrointestinal tract and one of the Bifidobacterium species. It can induce and regulate immune responses, reduce the expression of inflammatory cytokines, and maintain the normal intestinal barrier function.

Bifidobacterium longum is a clinically effective, well-established, multifunctional probiotic that has a long history of human use in alleviating gastrointestinal, immunological, and infectious diseases such as constipation, antibiotic associated diarrhoea, irritable bowel syndrome and ulcerative colitis. Low levels may be associated with irritable bowel syndrome, asthma, autism, depressive disorder and with pathogenic bacteria infection.

TREATMENT SUGGESTIONS: Treatment may involve the use of Bifidobacterium longum containing probiotics and treatment of any intestinal infections.

LACTOBACILLUS SPECIES LOW:

PHYLUM: Firmicutes

DESCRIPTION:

Lactobacillus species low. Lactobacillus is a genus of Gram-positive rod-shaped, non-spore-forming bacteria which constitute a significantly important component of the human gastrointestinal system.

Lactobacillus exhibits a mutualistic relationship with the human body, as it protects the host against potential invasions by pathogens, and in turn, the host provides a source of nutrients. Lactobacilli are among the most common probiotic found in food such as yogurt, and it is diverse in its application to maintain gut health and to help treat ailments clinically such as diarrhea and obesity.

Lactobacillus species promote the anti-inflammatory response, thereby supporting the improvement of symptoms pertaining to asthma, chronic obstructive pulmonary disease, neuroinflammatory diseases, cardiovascular diseases, inflammatory bowel disease (IBD) and chronic infections in patients. Reduced levels increase the risk of infections and inflammation. Studies have also revealed that chronic psychological stress and alcohol use may be associated with a decrease in Lactobacillus species, as well as antibiotic / medication use.

TREATMENT SUGGESTIONS: Treatment may involve the use of Lactobacillus containing probiotics and treatment of any intestinal infections.

LACTOBACILLUS RHAMNOSUS LOW:

PHYLUM: Firmicutes

DESCRIPTION:

Lactobacillus Rhamnosus is a Gram-positive anaerobic bacterium and is one of the most widely used probiotic strains, of which various health effects are well documented including the prevention and treatment of gastro-intestinal infections and diarrhea and even preventing certain allergic symptoms.

Decreased Lactobacillus rhamnosus colonisation has been shown to decrease gastro-intestinal health, increasing the risk of gastro-intestinal infections and diarrhea as well as extra-intestinal infections including oral and respiratory health. Studies have also revealed that chronic psychological stress and alcohol use may be associated with a decrease in Lactobacillus species, as well as



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antibiotic / medication use.

TREATMENT SUGGESTIONS: Treatment may involve the use of Lactobacillus containing probiotics and treatment of any intestinal infections.

AKKERMANSIA MUCINIPHILA LOW:

PHYLUM: Verrucomicrobia

DESCRIPTION:

Akkermansia muciniphila is a Gram-negative, strictly anaerobic, non-motile bacterium, often considered a human intestinal symbiont. There is growing evidence to suggest that the prevalence of this bacteria is associated with intestinal homeostasis, immunity, and a healthy gut. Decreased colonisation levels may be associated with obesity, type 2 diabetes, and inflammation.

TREATMENT SUGGESTIONS: Treatment may involve the use of probiotics, treatment of any intestinal infections and dietary modification.



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The Four “R” Treatment Protocol

REMOVE	Using a course of antimicrobial, antibacterial, antiviral or anti parasitic therapies in cases where organisms are present. It may also be necessary to remove offending foods, gluten, or medication that may be acting as antagonists. Consider testing IgG96 foods as a tool for removing offending foods.	ANTIMICROBIAL	Oil of oregano, berberine, caprylic acid
		ANTIBACTERIAL	Liquorice, zinc carnosine, mastic gum, tribulus, berberine, black walnut, caprylic acid, oil of oregano
		ANTIFUNGAL	Oil of oregano, caprylic acid, berberine, black walnut
		ANTIPARASITIC	Artemesia, black walnut, berberine, oil of oregano
		ANTIVIRAL	Cat's claw, berberine, echinacea, vitamin C, vitamin D3, zinc, reishi mushrooms
		BIOFILM	Oil of oregano, protease
REPLACE	In cases of maldigestion or malabsorption, it may be necessary to restore proper digestion by supplementing with digestive enzymes.	DIGESTIVE SUPPORT	Betaine hydrochloride, tilactase, amylase, lipase, protease, apple cider vinegar, herbal bitters
REINOCULATE	Recolonisation with healthy, beneficial bacteria. Supplementation with probiotics, along with the use of prebiotics helps re-establish the proper microbial balance.	PREBIOTICS	Slippery elm, pectin, larch arabinogalactans
		PROBIOTICS	Bifidobacterium animalis subsp. lactis, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccharomyces boulardii
REPAIR & REBALANCE	Restore the integrity of the gut mucosa by giving support to healthy mucosal cells, as well as immune support. Address whole body health and lifestyle factors so as to prevent future GI dysfunction.	INTESTINAL MUCOSA IMMUNE SUPPORT	Saccharomyces boulardii, lauric acid
		INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccharomyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Sleep, diet, exercise, and stress management